

PARCEL # 12229-22-90343



**Water Resources Program**  
Application for a Water Right Permit

For Ecology Use  
(Date Stamp)

**RECEIVED**

☐ SURFACE WATER ☒ GROUND WATER ☒ PERMANENT

☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

AUG 14 2013  
WA State Department  
of Ecology (SWRO)

\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

**Section 1. APPLICANT**

Applicant/Business Name: <b>GERALD A SALMON</b>	Phone No: <b>360-245-3990</b>	Other No: <b>—</b>
Address: <b>PO Box 142</b>		
City: <b>CURTIS</b>	State: <b>WA</b>	Zip: <b>98538</b>
Email Address (optional): <b>—</b>		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use:	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (optional):		

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: **Need a class A WATER RIGHT to fully develop the zoned "HIGHWAY COMMERCIAL" in the U.G.A. of the TOWN ALLYN in Mason County**

Anticipated length of time to complete your project: \_\_\_\_\_

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
<b>Commercial Development</b>	<b>10 G.P.M.</b>		<b>continuously</b>
<b>TOTAL:</b>			

For Ecology Use	APPLICATION NO: <b>G2-30627</b>	SEPA: Exempt/Not Exempt
	Fee Paid: <b>+</b> Check No: _____ ECY Coding: 001-001-WR1-0285-000011	
Date Returned: _____	By: _____	Priority Date: <b>8-14-13</b> By: <b>SL</b> WR1A: <b>14</b>

Water Resources Program

AUG 15 2013

Department of Ecology



**Short Term/Temporary Water Use**Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NOIs this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 3. POINT OF DIVERSION OR WITHDRAWAL**

(Complete A or B, and C below)

<b>A.) If Surface Water Source</b> <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>B.) If Ground Water Source</b> <input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ Well diameter & depth: _____ Number of proposed points of withdrawal: _____ Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. _____																					
<b>C.) Point of Diversion/Withdrawal - Legal Description</b>																						
<table border="1" style="width: 100%;"><tr><td>Parcel No.</td><td>1/4</td><td>1/4</td><td>Section</td><td>Township</td><td>Range</td><td>County</td></tr><tr><td>12229-22-90343</td><td>NW</td><td>NW</td><td>29</td><td>22N</td><td>1W</td><td>Mason</td></tr><tr><td>Lot(s)</td><td colspan="2">Block(s)</td><td colspan="3">Subdivision</td><td></td></tr></table>		Parcel No.	1/4	1/4	Section	Township	Range	County	12229-22-90343	NW	NW	29	22N	1W	Mason	Lot(s)	Block(s)		Subdivision			
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Lot(s)	Block(s)		Subdivision																			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ____) corner of Section _____																						
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NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☐ NOIf no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide the owner name(s), address, and phone number: \_\_\_\_\_

**Section 4. PLACE OF USE** *see attached copies*

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

QUARTER : NORTHWEST SECTION 29						
TOWNSHIP 22 NORTH RANGE 1 West W.M.						
1/4	1/4	Section	Twp.	Range	County	Parcel No.
NW	NW	29	22N	1W	Mason	12229-22-90343

For Ecology Use	APPLICATION NO: _____		SEPA: Exempt/Not Exempt	
	Fee Paid: _____	Check No: _____	ECY Coding: 001-001-WR1-0285-000011	
Date Returned _____	By _____	Priority Date _____	By _____	WRJA: _____



Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: \_\_\_\_\_

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

### Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

PROPERTY IS ZONED HIGHWAY-COMMERCIAL  
IN THE U.G.A. of the town of ALLYN  
ON the WASHINGTON STATE HWY 3 in MASON  
COUNTY. WE DESIRE WATER RIGHTS TO HELP  
DEVELOP THE PROPERTY TO PROMOTE A  
SUSTAINABLE ECONOMIC GROWTH, A JOB  
CREATION IN the U.G.A. plus TAX BASE

### Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: (e.g., home, recreational cabin) _____	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____ _____ _____ _____ _____	

### Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

#### Irrigation

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.



**Stockwater**

List number and kind of stock: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☐ NO

**Other Proposed Farm Uses**

Describe all proposed uses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Use**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*



## Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: See ATTACHED U.G.A. map of the TOWN of ALlyn. Property is on the west side of Hwy 3 just South of Sherwood Creek Bridge

Site Address: \_\_\_\_\_

## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

GERALD A. SALMONX

Print Name  
(Applicant or authorized representative)

Signature

Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

